

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
109-17-0892

APPLICANT

091743892

CLAIMS

CLAIM NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL D.	1					
TOTAL P.	1	↓	↓	↓	↓	↓
TOTAL AIMS	2	1	2	3	4	5

CLAIM NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

BEST AVAILABLE COPY